MULES Network Security System
Operator Identification / Authorization
C O N F I D E N T I A L

* * PLEASE PRINT OR TYPE * *

USER ID: _____

1. DATE: _____

2. OPERATOR NAME (LAST): _____ FIRST: _____ MIDDLE: _____

3. OPERATOR DATE OF BIRTH: _____ OPERATOR SOC: _____

4. AGENCY ORI: _____ MASTER PRINTER ID: _____

5. AGENCY NAME: _____

6. AGENCY STREET ADDRESS: _____

7. AGENCY CITY: _____

8. PRIMARY PHONE: _____ SECONDARY PHONE: _____ FAX NUMBER: _____

9. REMARKS: NEW OPERATOR? [ ] YES [ ] NO - PREVIOUS AGENCY: _____

10. FORM FUNCTION: [ ] ADDITION [ ] DELETION [ ] MODIFICATION: _____

II. SYSTEM ACCESS

SYSTEM NAME	GROUP LEVEL / TRANSACTION	SYSTEM NAME	GROUP LEVEL / TRANSACTION	SYSTEM NAME	GROUP LEVEL / TRANSACTION	SYSTEM NAME	GROUP LEVEL / TRANSACTION

SEX OFFENDER REGISTRY ACCESS: [ ] Inquiry Only [ ] Complete Access (Check appropriate box - INTRANET Users Only)

12. AGENCY HEAD / T.A.A. SIGNATURE

I CERTIFY THAT THIS OPERATOR'S BACKGROUND, INCLUDING CHRI, HAS BEEN SCREENED UTILIZING FINGERPRINT CARDS AND NO DISQUALIFYING RECORD WAS REVEALED.

13. OPERATOR SIGNATURE

I CERTIFY THAT I WILL ABIDE BY THE RULES AND REGULATIONS OF MULES AND ITS ATTACHED SYSTEMS & THAT I HAVE COMPLETED REQUIRED CJIS SECURITY TRAINING.

14.

I, _____ , A FULLY CERTIFIED OPERATOR, HAVE PROVIDED ON THE JOB TRAINING TO THIS MULES TERMINAL OPERATOR APPLICANT FOR CJIS SECURITY POLICIES & THE ACCESS SHOWN IN SECTION 11 ABOVE.

PLEASE PRINT OR TYPE

_____ SIGNATURE _____ SOCIAL SECURITY NUMBER _____ DATE

15. **MSHP COMMUNICATIONS USE ONLY**

MODULES COMPLETED: M[ ] W[ ] V[ ] P[ ] C[ ] DATE: _____ RECERTIFY DATE: _____ NO TRAINING: [ ]

INQUIRY / MAINTENANCE *(Circle One)*

OPERATOR TRAINING CERTIFIED BY: _____ DATE: _____

16. **ACCESS INTEGRITY UNIT USE ONLY**

OPERATOR CODE: _____ EMPLOYER CODE: _____

DATE ENTERED INTO SYSTEM: _____ ENTRY OPERATOR INITIALS: _____

SHP-292B/10-01

THIS FORM MUST BE RETURNED TO YOUR TROOP
TRAINING ENGINEER FOR PROCESSING